CALIFORNIA NURSES ASSOCIATION

NATIONAL NURSES ORGANIZING COMMITTEE

CNA/NNOC Headquarters ■ 2000 Franklin St. ■ Oakland, CA 94612 ■ www.calnurses.org ■ www.nnoc.net
Main # 510-273-2200, Facsimile # 510-663-1681, Email: membership@calnurses.org

Please return form to: CNA/NNOC Membership Department, 2000 Franklin Street, Oakland, CA 94612

California Nurses Association/National Nurses Organizing Committee
MEMBERSHIP APPLICATION - PAYROLL DEDUCTION AUTHORIZATION FORM
Complete this form only if you are a Registered Nurse

PLEASE PRINT:

CNA/NNOC ID number | Employee ID Number | Social Security Number | Birth date | RN License Number

Last Name | First Name | Middle Name

Home Address | City, State, Zip

Home Telephone | Home Fax | Home Email Address

Work Telephone | Work Fax | Work Email Address

1. _____
Primary Employer (Facility) Name | Hired Date

_____
City | Department/Unit

2. _____
Secondary Employer (CNA or Non-CNA Facility)

_____
City | Department/Unit

Signature authorizes Membership in CNA/NNOC ***Date signed***

PAYROLL DEDUCTION AUTHORIZATION FORM FOR MEMBERS

I hereby authorize a deduction from my salary, under the rules and regulations of my employer, for payment to the California Nurses Association/National Nurses Organizing Committee (CNA/NNOC) of my member dues as determined by the Bylaws and Standing Rules of CNA/NNOC. The deduction will be either monthly or every two weeks or twice a month depending on the agreement between CNA/NNOC and my employer. The current dues formula shall be certified to my employer by CNA/NNOC and it is understood that such amounts may change in accordance with the dues formula. This authorization shall be irrevocable for one year, or until the expiration date of the current collective bargaining agreement, whichever shall come first, and shall thereafter be automatically renewable for successive periods at one year each, or the term of each succeeding collective bargaining agreement, whichever is the shorter period, unless written notice to terminate is given by me not more than 20 and not less than 10 days prior to the end of any such one-year anniversary date or expiration of any such collective bargaining agreement, whichever occurs sooner. Said written notice shall be given to my employer, with a copy served upon CNA/NNOC. This authorization shall continue in effect and authorize the deduction from my salary for payment to CNA/NNOC of agency or service fees, with the same revocability terms, in the event that I resign my membership in CNA/NNOC at any time during my employment by my employer.

Signature authorizes Payroll Deduction ***Date signed***